PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DOS MOV 10 AN 11: 03 CONTROL OF COMPREADIONS DOS MOV 10 AN 11: 03 CONTROL OF COMPREADIONS DOS MOV 10 AN 11: 03 CONTROL OF COMPREADIONS REINSTATEMENT OR LAND SEE FLORIDA REINSTATEMENT OR LAND SEE FLORIDA REINSTATEMENT OR LAND SEE FLORIDA REINSTATEMENT OR CREEDED (1008) REINSTATEMENT REINSTATEMENT OR CREEDED (1008) REINSTATEMENT OR CREEDED (1008) REINSTATEMENT REINSTATEMENT OR CREEDED (1008) REINSTATEMENT OR CREEDED (1008) REINSTATEMENT OR CREEDED (1008) REINSTATEMENT REINSTATEMENT OR CREEDED (1008) R		ALL INSTRUCTIONS BEFORE		
1. Corporation Name CORINIS BORN H Shop Inc CORINIS BORN H Shop Inc LOZ 20 Johns ST Holly with AS 30 244 2. Principal Office Address - No PO. Box 8 CORD 2 O Johns ST Suite, Apt. 8, etc. Suite, Apt. 8, etc. Cry & State The Country A State The Country The Country The Instrument Address of Current Registered Agent Name ON Inc To Do Supposed Control A State To Do Business in Florida On 2 2 42 0 92 Secrificate of State The Number The Registered Agent The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By the Corporation of the Acceptage of State The Cry State The Cry State The Cry State The Polymonia State The Cry S		Secretary of State		
1. Corporation Name CORINIS BORN # Shorp Inc CORINIS BORN # Shorp Inc CORINIS BORN # Shorp Inc LOZ 2 O Johns - ST Holly with A Shorp Inc Suite, Act 8, etc. 1. Date Recorporated Country To Bollisman in Florids Corp & State To Do Bullman in Florids Country To Bollisman in Florids Applied For Sylic O Johns - ST Country To Bollisman in Florids Applied For Sylic O State To Do Bullman Applied For Sylic O State Sylic O State To Do Bullman Applied For Sylic O State To Do Bullman Applied For Sylic O State Sylic O State To Do Bullman Applied For Sylic O State To Do Bullman Applied For Sylic O State Sylic O State To Do Bullman Applied For Sylic O State Sylic O State To Do Bullman Applied For Sylic O State Sylic O State Sylic O State To Do Bullman Applied For Sylic O State Sylic O State Sylic O State Sylic O State To Do Bullman Applied For Sylic O State Sylic O State Sylic O State Sylic O State To Do Bullman Applied For Sylic O State To Do Bullman Applied For Sylic O State Sylic O	DOCUMENT # P0200103/98		TO SEE THE UN STATE	
2. Principal Office Address - No. P.O. Box 8 C2. O John 1 = \$ 7 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State The Country The Country Country The Country	1. Corporation Name Corinis Boauty Shop Inc 6220 Johnson ST Holding of FL 33024			
Surie, Apt. #, etc. Surie, Apt. #, etc.	2. Principal Office Address - No P.O. Box # 3. Mailing Office Address		REINSTATEMENT 08	
City & State A. Data Incorporate or Qualified To by Business in Florida 09-2410 PL			CR2E081 (10/08)	
S. FEI Number S. FEI Numbe	outo, rpt. ir, do.	Suite, Apr. #, etc.	4. Date Incorporated or Qualified To Do Rusiness in Florida 19 - 24 2 A DZ	
7. Name and Address of Current Registered Agent Name ONING ONING Street Address (P.O. Box Number is Not Acceptable) CD20 00/11/2 37 Suite, Apt. II., Etc. City Suite Street Address (P.O. Box Number is Not Acceptable) CD20 00/11/2 37 Suite, Apt. III., Etc. City Suite Street Address (P.O. Box Number is Not Acceptable) CD20 00/11/2 37 Suite, Apt. III., Etc. City Suite Street Address (P.O. Box Number is Not Acceptable) CD20 00/11/2 37 Suite, Apt. III., Etc. City Suite Street Address (P.O. Box Number is Not Acceptable) City Suite Street Address (P.O. Box Number is Not Acceptable) City Suite Street Address (P.O. Box Number is Not Acceptable) Title Street Address (P.O. Box Number is Not Acceptable) P. Names and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Directors Officer and/or Director City / State / Zip The Vol. In V	. HollywoolFL330zy	City & State /to//yword F	5. FEI Number Applied For	
Name ONING Value, 2 Street Address (P.O. Box Number is Not Acceptable) CD20 00/h1.c Street Address (P.O. Box Number is Not Acceptable) CD20 00/h1.c Sure, Apt. II, Etc. CIty Sure, Apt. II, Etc. CIty Sure appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607,0505 or 617,0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Officer and/or Director City / State / Zip CO1 1 0 Unity / Nat I am an officer or director or the receiver or husbe empowered to execute this application as provided for in chapter 807 or 617, F.S. I further certify that when filling reinstatement application, the registor or the receiver or husbe empowered to execute this application as provided for in chapter 807 or 617, F.S. I further certify that when filling this reinstatement application, the registor or director or the acceptance of the address of Each officer and/or Director 10. Lordify that I am an officer or director or the receiver or husbe empowered to execute this application as provided for in chapter 807 or 617, F.S. I further certify that when filling this reinstatement application, the registor for dissolution has been eliminated, the corporate name satisfies the requirements of section 807/401 or 617/001, F.S., that all fleed on this application is true and accurate, and my signature shall have the same legal effect as if made under cath.	FC Country US.	EL33024 US	CERTIFICATE OF STATI IS DESIDED 30.73 Additional Fee required	
Titles Officers and/or Directors Color Co	7. Name and Address of Current Registered Agent			
the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. Sure, Apt. #. Etc. City State FL Signature of Registered Agent REGISTERED AGENT MUST SIGN PART Address of Each Officers and/or Directors Registered Agent Officers and/or Directors Officers and/or Directors Officers and/or Directors Titles Name of Officers and/or Directors Officers and/or Dir	Name Onino Valerio		T -	
Suite, Apt. 4, Etc. City State FL Zip Code FL Zip Code FL State FL Date FL State FL	Street Address (P.O. Box Number is Not Acceptable)		•	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Agen	Suite, Apt. #, Etc.		• · · ·	
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Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Con Ind Colors Carty / State / Zip Con Ind Colors Carty / State / Zip 11/10/08 - U1062 - U08 **I50.00 10.1 certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of socion 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	Signature of Registered Agent Valeur Valeur Date 10-31-08			
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SIGNATURE: Grand deleid 1031-2008	this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				